


Please type a plus sign (+) inside this box 
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/05 (08-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.63(b))

Attorney Docket No.

First Inventor

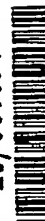
JONAS BROWNE

Title

2TIER TOILET FLUSHING SYS

Express Mail Label No.

22154 U.S. PTO
10/666698



22154 U.S. PTO
10/666698



091803

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 7/7]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 1]
5. Oath or Declaration [Total Pages 2]
 - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 17 completed)

☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Other:

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No.:

Prior application information:

Examiner:

Group / Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

Name	Flush Laboratories, Inc.					
Address	221 East Hartsdale Avenue					
City	Hartsdale,	State	NY	Zip Code	10530	
Country	USA	Telephone	914-472-0120	Fax	472-0589	

Name (Print/Type)	Jonas Browne	Registration No. (Attorney/Agent)	
Signature		Date	March 5, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

original

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**375.00**

Complete If Known

Application Number	
Filing Date	
First Named Inventor	JONAS BROWNE
Examiner Name	
Art Unit	2 TIER TOILET FLUSHING SYS
Attorney Docket No.	

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account:

Deposit Account Number

Deposit Account Name

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit any overpayments

☐ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	750	2001	375	Utility filing fee	375.00
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Print filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$) 375.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims -20** = X =

Independent Claims -3** = X =

Multiple Dependent

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	900	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1808	180	1808	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Name (Print/Type)	JONAS BROWNE	Registration No. (Attorney/Agent)		Telephone	914-472-0120
Signature	<i>Jonas Browne</i>	Date	3-5-03		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

United States Senate

WASHINGTON, DC 20510

July 25, 2003

Mr. Josh Browne, President
Flush Laboratories, Inc.
221 East Hartsdale Ave.
Hartsdale, N.Y. 10530

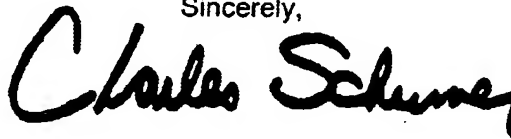
Dear Mr. Browne:

Thank you for contacting my office and asking for help regarding your patent application.

In an effort to be of assistance, I have brought your problem to the attention of the appropriate officials. I have requested a review of this matter and a written response.

As soon as I have something further to report, I will contact you again.

Sincerely,



U.S. Senator

PLEASE RESPOND TO THE FOLLOWING OFFICE:

<input type="checkbox"/> ALBANY: LEO O BURN BLDG ROOM 620 ALBANY, NY 12207 (518) 431-4070	<input type="checkbox"/> BINGHAMTON: FEDERAL OFFICE BUILDING 15 HENRY STREET ROOM 86 BINGHAMTON, NY 13901 (607) 777-8109	<input type="checkbox"/> BUFFALO: 111 WEST TOWN ROOM 620 BUFFALO, NY 14202 (716) 848-4111	<input type="checkbox"/> HUDSON VALLEY: P.O. BOX A RED HOOK, NY 12571 (914) 285-9741 (845) 569-0923	<input type="checkbox"/> LONG ISLAND: TWO GRIFFINWAY PLAZA 145 PINE LAWN ROAD ROOM 300N MELVILLE, NY 11747 (516) 753-0978	<input type="checkbox"/> NEW YORK CITY: 757 THIRD AVENUE SUITE 1702 NEW YORK, NY 10017 (212) 486-4430 TDD: (212) 486-7661	<input type="checkbox"/> ROCHESTER: 100 STATE STREET ROOM 3040 ROCHESTER, NY 14614 (716) 263-5866	<input type="checkbox"/> SYRACUSE: 100 SOUTH CORTLAND ROOM 841 SYRACUSE, NY 13261 (315) 423-6471	<input type="checkbox"/> WASHINGTON: 313 HART SENATE OFFICE BUILDING WASHINGTON, DC 20510 (202) 224-6542 TDD: (202) 224-0420
---	---	---	---	--	--	---	--	--



<http://schumer.senate.gov>

flush laboratories, inc.
221 East Hartsdale Avenue
Hartsdale, NY 10530
914-472-0120, fax 914-472-0589

September 17, 2003

***Director of U.S. Patent Office
Mail Stop Petitions
P.O. Box 1450
Alexandria, VA 22313-1450***

Dear sir.


Included is an exact copy of my original patent application. Your name and address was given to me by Ms Dianne Olksa of the Patent Office after a short telephone correspondence about my lost original patent documents. She prompted me to send these documents on to you.

I am stopping the original check and including herein a new check for the amount of \$375.00.

Also included is a copy of the original Certified Mail Receipt if that will be of use to you.

Thank you for your immediate attention.

Yours, sincerely,


Jonas (Josh) Browne